

Title:**Driving Digital Training Models – Structured User Adoption and Engagement Strategy****Step 3 - Initiative****1. Problem Statement / Digital Initiative**

Successful digital transformation in healthcare depends not only on deploying advanced clinical applications, but on achieving sustained adoption by every physician, nurse, and support professional. Prior to this initiative, variation in digital competency resulted in inconsistent EHR utilization, reliance on manual workarounds, incomplete documentation, avoidable delays, and variable compliance with standardized workflows. Traditional onboarding was insufficient to support a rapidly evolving digital ecosystem, while refresher education was largely reactive. User feedback and metrics of success consistently highlighted the need for structured, role-specific, easily accessible learning resources that could be reinforced beyond classroom sessions.

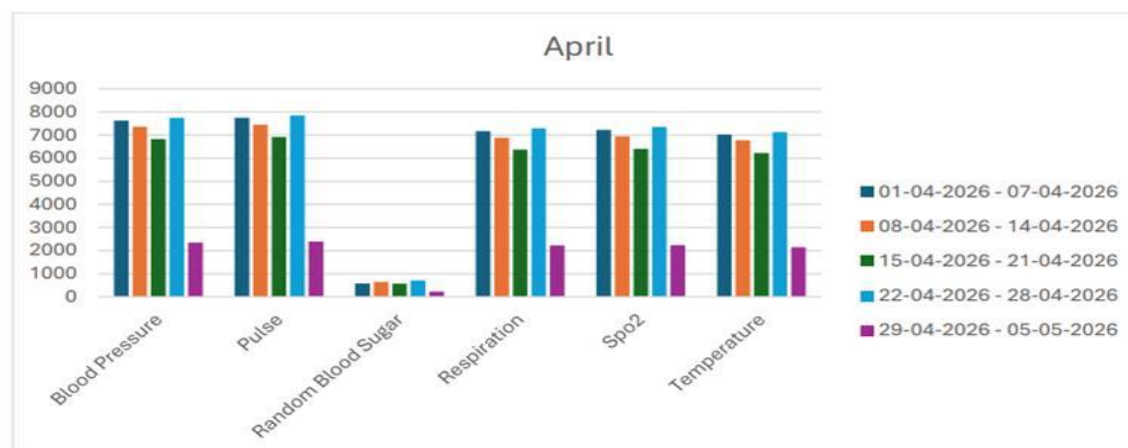
We therefore established a comprehensive User Adoption and Training Framework designed to create a digitally confident workforce and maximize clinical application utilization. The framework combined instructor-led and virtual training, role-based curricula, Super User development, competency-based assessments, module-wise user guides, recorded micro-learning videos, periodic newsletters, continuous feedback and performance monitoring. Rather than treating training as a one-time implementation activity, learning became an ongoing quality improvement process driven by system usage metrics, user feedback and application enhancements, ensuring long-term adoption, standardization and sustainability.

2. Digital Tool / Solution Implemented

A blended learning ecosystem was developed to support every stage of the user journey. Structured instructor-led in-person and virtual sessions provided hands-on learning using real clinical workflows. Departmental Super Users, both physicians and nurses, received advanced training to mentor colleagues and provide first-line support. Role-based user guides standardized workflows, while recorded videos enabled self-paced learning and rapid onboarding. Post-training competency assessments objectively measured learning outcomes, and periodic newsletters reinforced best practices, highlighted new features, and communicated system updates. Together, these interventions created a scalable, standardized, and continuously accessible digital learning environment. See **Figure 1** and **2** screenshots of one of these sample adoption metrics report.

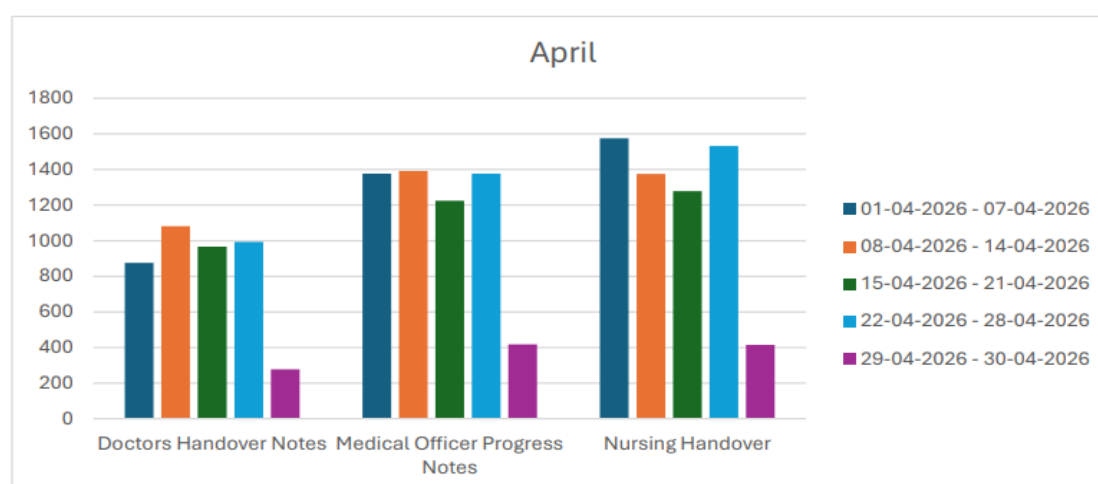
3. Vitals documented in Vitals Tab

3.A



5. Care Path Documentation

5.a



3. Digital Implementation Highlights

Training was delivered in a phased manner aligned with implementation milestones, ensuring staff readiness just prior to go-live. Separate learning pathways were designed for clinicians, nurses, allied health professionals, and administrative teams. Super Users functioned as local digital champions, accelerating issue resolution and strengthening engagement. Competency assessments identified knowledge gaps requiring targeted refresher training. Monthly EHR utilization metrics (See figure 1), user feedback and governance reviews informed continuous improvement of training content. This closed loop learning model ensured education evolved alongside clinical workflows, regulatory requirements, and application enhancements.

Step 4 - Outcomes & Insights

1. Digital Impact

The initiative significantly strengthened organizational digital maturity in 3 implemented hospitals by transforming training into a continuous capability-building program rather than a one-time implementation exercise. Standardized learning improved consistency in EHR utilization, documentation quality, and adherence to digital workflows across departments. Competency assessments demonstrated measurable improvement in user knowledge and confidence following training, while increasing familiarity with system functionality reduced dependence on Super Users for routine activities. Enhanced digital proficiency improved workflow efficiency, reduced manual workarounds, supported better data quality for clinical and quality reporting, and increased clinician engagement with digital tools. Continuous monitoring of usage metrics enabled targeted refresher education, sustaining adoption over time, and creating a culture of continuous learning that supports safer, more reliable patient care.

2. Key Enablers / Innovation

Innovation occurred by combining competency-based education with continuous digital engagement. The blended learning model integrated classroom instruction, virtual sessions, self-paced videos, role-specific guides and newsletters into a unified learning ecosystem. The Super User network created sustainable peer-to-peer support within departments, while post-training competency assessments and EHR usage analytics objectively measured adoption and informed targeted interventions. This data-driven, feedback-enabled approach ensured training remained responsive to evolving user needs and organizational priorities.

3. Key Learnings & Sustainability

The most important learning was that successful digital transformation depends on sustained behavioral change rather than technology deployment alone. Continuous, role-based, and competency-driven education consistently produced higher engagement, confidence and standardized system utilization than one-time training. Departmental Super Users proved essential in reinforcing best practices, supporting change management, and rapidly resolving workflow issues. Readily available learning resources empowered staff to learn independently, reducing reliance on IT support, and improving resilience.

Sustainability is maintained through ongoing competency assessments, regular refresher training informed by usage analytics, continuous updating of training materials following application enhancements, structured onboarding for new staff, active Super User engagement, periodic newsletters and routine governance reviews. This creates a self-improving learning ecosystem capable of supporting future digital innovations while sustaining high-quality, standardized clinical practice.
